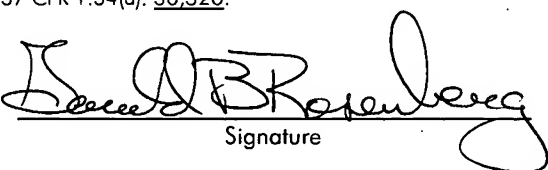


IFW 2134

PTO/SB/22

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| PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2005 | | Docket Number (Optional) AESN3006 | |
|--|--------|---|-------------------------|
| In re Application of Pham, Duc et al. | | | |
| Application Number 10/020,554 | | Filed December 2, 2001 | |
| For SCALABLE NETWORK MEDIA ACCESS CONTROLLER AND METHODS | | | |
| Group Art Unit 2134 | | Examiner Poltorak, Piotr | |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the reply in the above identified application. The requested extension and fee are as follows (check time period desired and enter the appropriate fees below): | | | |
| | | <u>Fee</u> | <u>Small Entity Fee</u> |
| <input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1)) | \$120 | \$60 | \$ 60.00 |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) | \$450 | \$225 | \$ |
| <input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) | \$1020 | \$510 | \$ |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) | \$1590 | \$795 | \$ |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) | \$2160 | \$1080 | \$ |
| <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. | | | |
| <input checked="" type="checkbox"/> A check in the amount of the fee is enclosed. | | | |
| <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. | | | |
| <input checked="" type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account. | | | |
| <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>50-0890</u> . | | | |
| I have enclosed a duplicate copy of this sheet. | | | |
| WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO -2038. | | | |
| I am the applicant/inventor | | | |
| <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SP/96). | | | |
| <input checked="" type="checkbox"/> attorney or agent of record. Registration number: <u>30,320</u> . | | | |
| <input type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a): <u>30,320</u> . | | | |
| <u>May 22, 2006</u> Date | |  Signature | |
| <u>650.325.2100</u> Telephone Num. | | <u>Gerald B. Rosenberg</u> Typed Name | |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. | | | |
| <u>1</u> Total of <u>1</u> forms are submitted. | | | |

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